

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | RH       |        | 7/19    |
| O.I.P.E. CLASSIFIER       |          | 10     | 7-17-01 |
| FORMALITY REVIEW          | 2 A      | 1120   | 5-20-01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
| 4     | ✓     | ✓        |      |
| 5     | ✓     | ✓        |      |
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| 7     | ✓     | ✓        |      |
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| 11    | ✓     | ✓        |      |
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| 50    | ✓     | ✓        |      |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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8/20/01